CITY OF DALHART

MAIL APPLICATION FOR BIRTH AND DEATH RECORD

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND SWORN STATEMENT WHEN SENDING THE REQUEST. Make check or money orders payable to: City of Dalhart.

BIRTH CERTIFICATES: \$23.00 EACH COPY				DEATH CERTIFICATES: \$21.00 EACH COPY \$4.00 EACH ADDITIONAL				
BIRTH/DEATH RECORD II	NEORMATION					<u> </u>		
Full Name of	First Name			Middle Name			Last Name	
Person on Record								
Date of Birth/Death	Month			Day	Year	r :	Sex	
Place of Birth/Death	City or Town			County		:	State	
Full Name of Mother Parent 1	First Name	First Name		Middle Name			Maiden Name/La	st Name
Full Name of Father Parent 2	First Name	First Name		Middle			Last Name	
REQUESTOR INFORMATI	ON					"		
Requestor Name	Telephon		hone #	#		Email /	Email Address	
Full Mailing Address	Street Addr	ess	(City	Sta	te	Zip	
Relationship to person listed above				Purpose for obtaining this record				
authorize mailing to the	address below. I h	nave ve	erified th	e address	below w	ill receiv	ve my order.	
Name of Person Receivi	ng Copies, If Differ	ent Fro	om Requ	estor				
Mailing Address for Cop	ies, If Different Fro	om Red	questor					
City			State				Zip	
WARNING: IT IS A FELON' MAKING A FALSE STATEN 2 TO 10 YEARS IMPRISON (HEALTH AND SAFETY CO	IENT ON THIS FOR	M OR I	FOR SIGN P TO \$10,	IING A FO				
Your Signature	ATIONS WITHOUT	CICNIA	TURE OF	Date of	Applicati	ion		-
APPLICA	ATIONS WITHOUT	SIGNA	TUKE UF	APPLICAN	NI VVILLI	MOLRE	YKUCESSED.	
MAIL THIS APPLICATION,	PAYMENT, SWORN DALHART	N STAT	EMENT A				JR VALID PHOTO Ext. 3202	ID TO:
PO BOX 2005				FAX: 806-244-4414				
DALHA	RT, TX 79022			E-MAI	L: wend	/k@dall	narttx.gov	
CERTIFICATE #		DATE	ISSUED_				BY	

APPLICATIONS WITHOUT PHOTO ID AND THE ATTACHED SWORN STATEMENT WILL NOT BE PROCESSED

PART I: ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION							
APPEARS ON BIRTH/DEATH CERTIFICATE							
FULL NAME OF PERSON ON RECORD	DATE OF BI	RTH/DEATH					
PLACE OF BIRTH/DEATH (City or County)		SEX					
The state of birth, betting of country,		32,4					
FULL NAME OF PARENT 1	FULL NAME OF F	DARENT 2					
TOLE WAINE OF TAKENT I	TOLE IVAIVIE OF T	ANEIVI Z					
DART II ENTER RELATIONSHIP TO REPOON ON RECORD AND THE TYPE OF IR HISER							
	PART II: ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED						
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE OF ID AC	CEPTED WHEN NOTARIZED					
AFFIDAVIT OF PERS							
PART III: THIS SECTION MUST BE SIGNED IN THE PRE	SENCE OF A NOTA	RY PUBLIC					
STATE OF							
COUNTY OF							
Before me on this day appeared							
(Name)							
now residing at							
(Address)	(City)	(State)					
, ,		, ,					
who is related to the person named on Part I as and who on oath							
I who is related to the person named on Part I as		and who on oath					
who is related to the person named on Part I as	(Relationship)	and who on oath					
	(Relationship)						
deposes and says that the contents of this affidavit a	(Relationship)						
deposes and says that the contents of this affidavit a	(Relationship) are true and correc	ct.					
deposes and says that the contents of this affidavit a	(Relationship)	ct.					
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deposes and says that the contents of this affidavit a	(Relationship) are true and correc	ct.					
deposes and says that the contents of this affidavit a	(Relationship) are true and correct are day of						
deposes and says that the contents of this affidavit a	(Relationship) are true and correc						
deposes and says that the contents of this affidavit a	(Relationship) are true and correct day of Signature of Note	et. , 20 ary Public					
deposes and says that the contents of this affidavit a	(Relationship) are true and correct are day of	et. , 20 ary Public					
deposes and says that the contents of this affidavit a	(Relationship) are true and correct day of Signature of Note Commission expire	et					
deposes and says that the contents of this affidavit a	(Relationship) are true and correct day of Signature of Note	et					
deposes and says that the contents of this affidavit a	(Relationship) are true and correct day of Signature of Note Commission expire	et					
deposes and says that the contents of this affidavit a	(Relationship) are true and correct day of Signature of Note Commission expire	et					

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

City, State and Zip